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CONFIRMATION NO. 1755

<b>SERIAL NUMBER</b> 10/728,738	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY. DOCKET NO.</b> 480208.401C2
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/541,436 03/31/2000 PAT 6,723,338 which claims benefit of 60/137,194 06/02/1999  
 and claims benefit of 60/127,444 04/01/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
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**TITLE**

Compositions and methods for treating lymphoma

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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